

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

1071  
Lobbyist's Registration Number

**Instructions**

**FOR OFFICE USE ONLY**  
Postmark Date: 1/17/03

term  
1071071

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any termination of employment or representations.

1. NAME Howard Dennis MA  
Last First MI

2. BUSINESS PHONE 707 622 2750

3. BUSINESS ADDRESS 105 Brandon's Dr. Abbeville, LA  
Street and No. City State Zip

MAILING ADDRESS 105 Brandon's Dr.  
Street and No. City State Zip

4. EMPLOYER \_\_\_\_\_

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Mr. William J. Dennis, Howard  
Address 6 Brandon's Dr. Abbeville, LA 70705  
Business or purpose Telecommunications

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of Mr. William J. Dennis

**SUPPLEMENTAL REGISTRATION FORM**

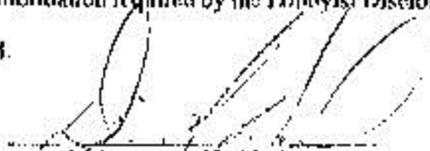
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2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 **New Representation**  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
 **Terminated Representation as of** \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 **New Representation**  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
 **Terminated Representation as of** \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 or seq.) has been deliberately omitted.

  
 \_\_\_\_\_  
 Signature of Lobbyist

Form 1001 Rev. 10/2002